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UNITED STATES HOUSE OF REPRESENTATIVES	FORM B	I FOISI ATIME DESCRIPTION OF A
FINANCIAL DISCLOSURE STATEMENT	For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Roland C. Kalloh	Daytime Telephone	U.S. HOUSE OF THE CASE AT A THE CASE OF TH
New Member of or Candidate for State: TNDTANH U.S. House of Representatives District: Z Candidates – Date of Election:	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff File Employing Office: Shared	Staff Filer Type (If Applicable): Period Covered: January 1, Shared Principal Assistant to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE	THESE QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	No E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	g the reporting yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	No F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No X
D. Did you, your spouse, or your dependent child have any reportable Yes liability (more than \$10,000) at any point during the reporting period?	No J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No
ATTACH THE CORR THIS FORM INCLUDES ONLY T	ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE) COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS	INFORMATION - ANSWER BOTH OF THES	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	on Ethics and certain other "excepted trusts" need not be disclosed.	Have you excluded Yes No 🛚
EXEMPTION Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	income, or liabilities of a spouse or dependent child because they me ittee on Ethics.	et all three tests for Yes No 🗶

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ROLAND E. LEECH

ノリルニス	X X X X	Examples: Simon & Schuster Indefinite X X Royaltes X X ABO bedge Fund X X Income X	×	if interest-bearing accounts. If the total is over the state of the st	A B C D E F G H I J K L M Current Year	specify the method used. 401(k), RA, or 529 accounts), you may check if an asset was solid during the reporting period and is the "C,kr-Q-befered" column. Dividends, included only because it generated income, the value should linterest, and capital gains, even if perivations. 10 The value should linterest, and capital gains, even included only because it generated income, the value should linterest, and capital gains, even the bernhouse. The disclosed as income for assets held in taxable accounts. Check "Column M is for assets held by your spouse or dependent "None" if the asset generated no income child in which you have no interest.	Assets and/or Income Sources Value of Asset Type of Income Amount of Income Amount of Income Amount of Income Identify (a) each asset held for investment or Indicate value of asset at close of the reporting period if you Check all columns that apply. For accounts For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other production of income and with a fair market value lose a valuation method other than fair market value, please that generate tax-deferred income (such as asset include the colored to the control of the colored to t	BLOCK A BLOCK B BLOCK C
				\$2,501-\$5,000	Current Year	if no income was samed or generated. if no income was samed or generated. if or assets held by your spouse or depen	Amount of which you checked Tax-Deferred in Blooms by checked the control of the	вгос
××	××	× ×	×	None \$1-\$200 = \$201-\$1,000 = \$1,001-\$2,500 <	Precedi	and as income for assets held in taxable accounts and the income for a second held in taxable accounts and taxable accou	of Income ock C. you may check the "None	CKD

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: ROLAND E LEECH

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SCHEDULE C - EARNED INCOME

Name: ROLAND E. LEECH Page 3 of 17

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for **EXCLUDE**: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Complete data of receipt for hoperation	Į.	Am	Amount
Source (moldae date of receipt for nonoraria)	Type	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
EXAMPles: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
	RETAKEMENT	9,336,00	9.336
WAR POST 1162	QUARTERNASTEC TREASURE)	1,800.4	1,800.00
	COMPENSATION		

SCHEDULE D - LIABILITIES

Name: ROLAND E. LEECH

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period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

82 E					SP, DC, JT		
				Example			
SCHEDIII E E BOSITIONS			NONE	First Bank of Wilmington, DE	Creditor		
				5/98	Date Liability Incurred MO/YR)	
				Mortgage on Rental Property, Dover, DE	Type of Liability		
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					\$15,001- \$50,000	50	
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SCHEDULE E - POSITIONS

period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fratemal, or Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership,

		Supremoter (Vacouses)	
		Voterson of Fragin Wass Jost 1162	, Name of Organization

SCHEDULE F - AGREEMENTS

Name: ROLAND E. LEECH

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17

	Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.
--	---

Date	Parties to Agreement	Terms of Agreement
	NONE	

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

government and any interment consequence common and as a security of printing descent in the conference of termes and	principle to manufacture of the section of the sect
Source (Name and City/State)	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	Accounting Services
NONE	

Name: ROLAND E. LEECH

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							NOTE NUMBER
							NOTES
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EEB 23 2018

CAMPAIGN NOTICE REGARDING FINANCIAL DISCLOSURE REQUIREMENT

If you have not yet raised (either through contributions or loans from yourself or others) or spent in excess of \$5,000 for your campaign, or if you have withdrawn your candidacy, please indicate your status and sign and date below.

	The Honorable Karen L. Haas, Clerk	U.S.											
	Office of the Clerk, U.S. House of Representatives		<u>~</u>	SID									
	Legislative Resource Center		=	LAT									
	135 Cannon House Office Building	9 ,7	₹ 7	₹									
	Washington, DC 20515-6601	REPKES	·S PH	RESOUR									
Indicate Your Status: (Select One)	Dear Madam Clerk: This is to notify you that I have not yet raised (either through contributions or	ENIATIVE Coans fr		LEGISLATIVE RESOURCE CENTERS									
Over \$5,000 Threshold Not	or others) or spent in excess of \$5,000 for my campaign for the U.S. House of Representatives.												
Exceeded	I understand that when I do raise or spend in excess of \$5,000 for my campaign, I must file a Financial												
	Disclosure Statement with the Clerk of the House of Representatives according to the deadlines												
	set out on pages 2 and 3 of the Financial Disclosure Instruction booklet, a copy	of whic	h has	been									
	provided to me by the Clerk.												
	L.												
	This is to notify you that under the laws of the state of			,									
Withdrawal	I withdrew my candidacy for the U.S. House of Representatives on			·									
of Candidacy	[Note: If your Financial Disclosure Statement was due before the date on which		ithdre	w									
	from the race, you still must file a Financial Disclosure Statement with the House	e.]											
	Name (Please Print or Type): ROLAND E. LEECH												
	State: THOTANA District: 2												
	Date: 2-2/-/8												

(THIS PAGE WILL BE MADE PUBLICLY AVAILABLE)

RETURN COMPLETED STATEMENT TO:

The Clerk, U.S. House of Representatives Legislative Resource Center 135 Cannon House Office Building Washington, DC 20515-6601